

# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

| PWS ID                           | PWS Name                |  |                     | Classification | Population | Owner Type | Primary Source |              |
|----------------------------------|-------------------------|--|---------------------|----------------|------------|------------|----------------|--------------|
| CT0260014                        | CAMP HAZEN YMCA WELL #1 |  |                     | NC             | 25         | P          | GW             |              |
| Local Address (where applicable) |                         |  | Service Connections | Residential    | Commercial | Industrial | Combined       | Agricultural |
| 204 WEST MAIN STREET             |                         |  |                     |                | 1          |            |                |              |

Towns Served: CHESTER

### Monitoring Requirements

Water System Facility: **DISTRIBUTION SYSTEM (WSF ID: 00600)**

| <b>Total Coliform (3100)</b>                    |                          | <b>1 routine (RT) per quarter</b> |                          |
|---|--------------------------|-----------------------------------|--------------------------|
| <i>Sampling Point (Sampling Point ID)</i>       | <i>Monitoring Period</i> | <i>Collection Period</i>          | <i>Compliance Status</i> |
| Select from Inventory of Active Sampling Points | 10/1/18 - 12/31/18       |                                   | Complete                 |
|   | 1/1/19 - 3/31/19         |                                   | Complete                 |
|   | 4/1/19 - 6/30/19         |                                   |                          |
|   | 7/1/19 - 9/30/19         |                                   |                          |

| <b>Physical Parameters (PPS)</b>                |                          | <b>1 routine (RT) per quarter</b> |                          |
|---|--------------------------|-----------------------------------|--------------------------|
| <i>Sampling Point (Sampling Point ID)</i>       | <i>Monitoring Period</i> | <i>Collection Period</i>          | <i>Compliance Status</i> |
| Select from Inventory of Active Sampling Points | 10/1/18 - 12/31/18       |                                   | Complete                 |
|   | 1/1/19 - 3/31/19         |                                   | Complete                 |
|   | 4/1/19 - 6/30/19         |                                   |                          |
|   | 7/1/19 - 9/30/19         |                                   |                          |

Water System Facility: **ENTRY POINT (WSF ID: 00700)**

| <b>Nitrate (1040)</b>                     |                          | <b>1 routine (RT) per quarter</b> |                          |
|---|--------------------------|-----------------------------------|--------------------------|
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i>          | <i>Compliance Status</i> |
| ENTRY POINT (3)                           | 10/1/18 - 12/31/18       |                                   | Complete                 |
|   | 1/1/19 - 3/31/19         |                                   | Complete                 |
|   | 4/1/19 - 6/30/19         |                                   |                          |
|   | 7/1/19 - 9/30/19         |                                   |                          |

| <b>Nitrite (1041)</b>                     |                          | <b>1 routine (RT) per year</b> |                          |
|---|--------------------------|--------------------------------|--------------------------|
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i>       | <i>Compliance Status</i> |
| ENTRY POINT (3)                           | 1/1/18 - 12/31/18        |                                | Complete                 |
|   | 1/1/19 - 12/31/19        |                                | Complete                 |
|   | 1/1/20 - 12/31/20        |                                |                          |

### Water System Facility and Sampling Point Inventory

| <i>Water System Facility ID</i> | <i>Water System Facility</i> | <i>Sampling Point ID</i> | <i>Sampling Point Description</i> | <i>Status</i> | <i>Total Coliform Rule</i> | <i>Lead and Copper Rule Tier</i> | <i>Asbestos</i> | <i>Stage WQP 2 DBPR</i> |
|---------------------------------|------------------------------|--------------------------|-----------------------------------|---------------|----------------------------|----------------------------------|-----------------|-------------------------|
| 00600                           | DISTRIBUTION SYSTEM          | 4                        | DISTRIBUTION SYSTEM               | A             | Y                          |                                  |                 |                         |
|                                 |                              | DOWNSTREAM               | WITHIN 5 SERVICE CON              | A             |                            |                                  |                 |                         |
|                                 |                              | UPSTREAM                 | WITHIN 5 SERVICE CON              | A             |                            |                                  |                 |                         |
| 00700                           | ENTRY POINT                  | 3                        | ENTRY POINT                       | A             |                            |                                  |                 |                         |
| 20509                           | WELL #1                      | 2                        | WELL                              | A             |                            |                                  |                 |                         |
| 58130                           | WELL #2                      | 2                        | WELL #2                           | A             |                            |                                  |                 |                         |
| ST01                            | HYDROPNEUMATIC TANK #1       |                          |                                   |               |                            |                                  |                 |                         |
| ST02                            | HYDROPNEUMATIC TANK #2       |                          |                                   |               |                            |                                  |                 |                         |
| TP01                            | TREATMENT PLANT #1           |                          |                                   |               |                            |                                  |                 |                         |
| TP02                            | TREATMENT PLANT #2           |                          |                                   |               |                            |                                  |                 |                         |

**NOTE:** This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

| PWS ID                           | PWS Name                |                     |             | Classification | Population | Owner Type | Primary Source |
|----------------------------------|-------------------------|---------------------|-------------|----------------|------------|------------|----------------|
| CT0260014                        | CAMP HAZEN YMCA WELL #1 |                     |             | NC             | 25         | P          | GW             |
| Local Address (where applicable) |                         | Service Connections | Residential | Commercial     | Industrial | Combined   | Agricultural   |
| 204 WEST MAIN STREET             |                         |                     |             | 1              |            |            |                |

Towns Served: CHESTER

### Contact Information

| Name                     |  |           |                          | Organization    |              | Job Title          |                           |       |          |
|--------------------------|--|-----------|--------------------------|-----------------|--------------|--------------------|---------------------------|-------|----------|
| Ms. Denise P. Learned    |  |           |                          | Camp Hazen YMCA |              | Executive Director |                           |       |          |
| Mailing Address Line One |  |           | Mailing Address Line Two |                 |              | City               |                           | State | Zip Code |
| 204 West Main Street     |  |           |                          |                 |              | Chester            |                           | CT    | 06412    |
| Business Phone           |  | Extension | Fax                      |                 | Mobile Phone | Emergency Phone    | Email Address             |       |          |
| 860-526-9529             |  |           | 860-526-9520             |                 |              |                    | office@camphazenyumca.org |       |          |

Contact Role(s): **Administrative Contact, Legal Contact**

#### Please note the following:

1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

***If you have any questions, please contact the Drinking Water Section at (860) 509-7333.***

***<http://www.ct.gov/dph/publicdrinkingwater>***

***End of schedule***

**NOTE:** This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

| PWS ID                           | PWS Name                |                     |             | Classification | Population | Owner Type | Primary Source |
|----------------------------------|-------------------------|---------------------|-------------|----------------|------------|------------|----------------|
| CT0260034                        | CAMP HAZEN YMCA WELL #3 |                     |             | NC             | 25         | P          | GW             |
| Local Address (where applicable) |                         | Service Connections | Residential | Commercial     | Industrial | Combined   | Agricultural   |
| 204 WEST MAIN STREET             |                         |                     |             | 1              |            |            |                |

Towns Served: CHESTER

### Monitoring Requirements

Water System Facility: **DISTRIBUTION SYSTEM (WSF ID: 00600)**

| Total Coliform (3100)                           |                   | 1 routine (RT) per quarter |                   |
|---|-------------------|----------------------------|-------------------|
| Sampling Point (Sampling Point ID)              | Monitoring Period | Collection Period          | Compliance Status |
| Select from Inventory of Active Sampling Points | 4/1/19 - 6/30/19  |                            |                   |
|   | 7/1/19 - 9/30/19  |                            |                   |

| Physical Parameters (PPS)                       |                   | 1 routine (RT) per quarter |                   |
|---|-------------------|----------------------------|-------------------|
| Sampling Point (Sampling Point ID)              | Monitoring Period | Collection Period          | Compliance Status |
| Select from Inventory of Active Sampling Points | 4/1/19 - 6/30/19  |                            |                   |
|   | 7/1/19 - 9/30/19  |                            |                   |

Water System Facility: **ENTRY POINT (WSF ID: 00700)**

| Nitrate And Nitrite (NOX)          |                   | 1 routine (RT) per year |                   |
|------------------------------------|-------------------|-------------------------|-------------------|
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period       | Compliance Status |
| ENTRY POINT (3)                    | 1/1/18 - 12/31/18 |                         | Complete          |
|                                    | 1/1/19 - 12/31/19 |                         |                   |
|                                    | 1/1/20 - 12/31/20 |                         |                   |

### Other Compliance Schedules

| Compliance Schedule Activity | Due Date | Achieved Date |
|------------------------------|----------|---------------|
| SEASONAL START UP COMPLETION | 6/1/2019 |               |

### Water System Facility and Sampling Point Inventory

| Water System Facility ID | Water System Facility | Sampling Point ID | Sampling Point Description | Status | Total Coliform Rule | Lead and Copper Rule Tier | Asbestos | Stage WQP 2 DBPR |
|--------------------------|-----------------------|-------------------|----------------------------|--------|---------------------|---------------------------|----------|------------------|
| 00600                    | DISTRIBUTION SYSTEM   | 4                 | DISTRIBUTION SYSTEM        | A      | Y                   |                           |          |                  |
|                          |                       | DOWNSTREAM        | WITHIN 5 SERVICE CON       | A      |                     |                           |          |                  |
|                          |                       | UPSTREAM          | WITHIN 5 SERVICE CON       | A      |                     |                           |          |                  |
| 00700                    | ENTRY POINT           | 3                 | ENTRY POINT                | A      |                     |                           |          |                  |
| 20511                    | WELL                  | 2                 | WELL                       | A      |                     |                           |          |                  |
| TP01                     | TREATMENT PLANT       |                   |                            |        |                     |                           |          |                  |

### Contact Information

|                          |  |                                       |              |                          |              |  |                    |  |                           |          |
|--------------------------|--|---------------------------------------|--------------|--------------------------|--------------|--|--------------------|--|---------------------------|----------|
| Name                     |  |                                       |              | Organization             |              |  | Job Title          |  |                           |          |
| Ms. Denise P. Learned    |  |                                       |              | Camp Hazen YMCA          |              |  | Executive Director |  |                           |          |
| Mailing Address Line One |  |                                       |              | Mailing Address Line Two |              |  | City               |  | State                     | Zip Code |
| 204 West Main Street     |  |                                       |              |                          |              |  | Chester            |  | CT                        | 06412    |
| Business Phone           |  | Extension                             | Fax          |                          | Mobile Phone |  | Emergency Phone    |  | Email Address             |          |
| 860-526-9529             |  |                                       | 860-526-9520 |                          |              |  |                    |  | office@camphazenyumca.org |          |
| Contact Role(s):         |  | Administrative Contact, Legal Contact |              |                          |              |  |                    |  |                           |          |

**NOTE:** This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

| PWS ID                           | PWS Name                |             |            | Classification | Population | Owner Type   | Primary Source |
|----------------------------------|-------------------------|-------------|------------|----------------|------------|--------------|----------------|
| CT0260034                        | CAMP HAZEN YMCA WELL #3 |             |            | NC             | 25         | P            | GW             |
| Local Address (where applicable) | Service Connections     | Residential | Commercial | Industrial     | Combined   | Agricultural |                |
| 204 WEST MAIN STREET             |                         |             | 1          |                |            |              |                |
| Towns Served: CHESTER            |                         |             |            |                |            |              |                |

**Please note the following:**

1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

***If you have any questions, please contact the Drinking Water Section at (860) 509-7333.***

***<http://www.ct.gov/dph/publicdrinkingwater>***

***End of schedule***

***NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.***

# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

|                                  |   |                     |             |                |            |            |                |
|----------------------------------|---|---------------------|-------------|----------------|------------|------------|----------------|
| PWS ID                           | PWS Name                                |                     |             | Classification | Population | Owner Type | Primary Source |
| CT0260084                        | GUEST HOUSE RETREAT & CONFERENCE CENTER |                     |             | NC             | 25         | P          | GW             |
| Local Address (where applicable) |   | Service Connections | Residential | Commercial     | Industrial | Combined   | Agricultural   |
| 318 WEST MAIN STREET             |   |                     |             | 1              |            |            |                |
| Towns Served: CHESTER            |   |                     |             |                |            |            |                |

### Monitoring Requirements

Water System Facility: **DISTRIBUTION SYSTEM (WSF ID: 00600)**

| Total Coliform (3100)                           |                    | 1 routine (RT) per quarter |                   |
|---|--------------------|----------------------------|-------------------|
| Sampling Point (Sampling Point ID)              | Monitoring Period  | Collection Period          | Compliance Status |
| Select from Inventory of Active Sampling Points | 10/1/18 - 12/31/18 |                            | Complete          |
|   | 1/1/19 - 3/31/19   |                            | Complete          |
|   | 4/1/19 - 6/30/19   |                            |                   |
|   | 7/1/19 - 9/30/19   |                            |                   |

| Physical Parameters (PPS)                       |                    | 1 routine (RT) per quarter |                   |
|---|--------------------|----------------------------|-------------------|
| Sampling Point (Sampling Point ID)              | Monitoring Period  | Collection Period          | Compliance Status |
| Select from Inventory of Active Sampling Points | 10/1/18 - 12/31/18 |                            | Complete          |
|   | 1/1/19 - 3/31/19   |                            | Complete          |
|   | 4/1/19 - 6/30/19   |                            |                   |
|   | 7/1/19 - 9/30/19   |                            |                   |

Water System Facility: **ENTRY POINT (WSF ID: 00700)**

| Nitrate And Nitrite (NOX)          |                   | 1 routine (RT) per year |                   |
|------------------------------------|-------------------|-------------------------|-------------------|
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period       | Compliance Status |
| ENTRY POINT (3)                    | 1/1/18 - 12/31/18 |                         | Complete          |
|                                    | 1/1/19 - 12/31/19 |                         | Complete          |
|                                    | 1/1/20 - 12/31/20 |                         |                   |

### Other Compliance Schedules

| Compliance Schedule Activity   | Due Date | Achieved Date |
|--------------------------------|----------|---------------|
| CROSS CONNECTION SURVEY REPORT | 3/1/2021 |               |

### Water System Facility and Sampling Point Inventory

| Water System Facility ID | Water System Facility | Sampling Point ID | Sampling Point Description | Status | Total Coliform Rule | Lead and Copper Rule Tier | Asbestos | Stage WQP 2 DBPR |
|--------------------------|-----------------------|-------------------|----------------------------|--------|---------------------|---------------------------|----------|------------------|
| 00600                    | DISTRIBUTION SYSTEM   | 4                 | DISTRIBUTION SYSTEM        | A      | Y                   |                           |          |                  |
|                          |                       | DOWNSTREAM        | WITHIN 5 SERVICE CON       | A      |                     |                           |          |                  |
|                          |                       | UPSTREAM          | WITHIN 5 SERVICE CON       | A      |                     |                           |          |                  |
| 00700                    | ENTRY POINT           | 3                 | ENTRY POINT                | A      |                     |                           |          |                  |
| 20516                    | WELL #1               | 2                 | WELL                       | A      |                     |                           |          |                  |
| 52291                    | WELL #2               | 2                 | WELL #2                    | A      |                     |                           |          |                  |

### Contact Information

|                          |           |                          |              |                 |                              |       |          |
|--------------------------|-----------|--------------------------|--------------|-----------------|------------------------------|-------|----------|
| Name                     |           | Organization             |              |                 | Job Title                    |       |          |
| Ms. Saralyn J. Kerrigan  |           | Ten Directions, Inc.     |              |                 | Executive Director           |       |          |
| Mailing Address Line One |           | Mailing Address Line Two |              |                 | City                         | State | Zip Code |
| 318 West Main Street     |           |                          |              |                 | Chester                      | CT    | 06412    |
| Business Phone           | Extension | Fax                      | Mobile Phone | Emergency Phone | Email Address                |       |          |
| 860-322-5770             | 155       | 860-322-5744             |              | 860-319-1479    | saralyn@guesthousecenter.org |       |          |

Contact Role(s): **Administrative Contact, Legal Contact**

**NOTE:** This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

|                                  |  |                          |              |                 |                |
|----------------------------------|--|--------------------------|--------------|-----------------|----------------|
| PWS ID                           | PWS Name   | Classification           | Population   | Owner Type      | Primary Source |
| <b>CT0260084</b>                 | <b>GUEST HOUSE RETREAT &amp; CONFERENCE CENTER</b> | <b>NC</b>                | <b>25</b>    | <b>P</b>        | <b>GW</b>      |
| Local Address (where applicable) |  | Service Connections      | Residential  | Commercial      | Industrial     |
| 318 WEST MAIN STREET             |  |                          | 1            |                 |                |
| Towns Served: CHESTER            |  |                          |              |                 |                |
| Name                             |  | Organization             |              | Job Title       |                |
| <b>Ten Directions, Inc.</b>      |  |                          |              |                 |                |
| Mailing Address Line One         |  | Mailing Address Line Two |              | City            | State          |
| 318 W Main St                    |  |                          |              | Chester         | CT             |
| Business Phone                   | Extension  | Fax                      | Mobile Phone | Emergency Phone | Email Address  |
| 860-322-5770                     |  |                          |              |                 |                |
| Contact Role(s): <b>Owner</b>    |  |                          |              |                 |                |

**Please note the following:**

1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

***If you have any questions, please contact the Drinking Water Section at (860) 509-7333.***

**<http://www.ct.gov/dph/publicdrinkingwater>**

***End of schedule***

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# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

| PWS ID                           | PWS Name                   |                     |             | Classification | Population | Owner Type | Primary Source |
|----------------------------------|----------------------------|---------------------|-------------|----------------|------------|------------|----------------|
| CT0260114                        | BRUSHMILL BY THE WATERFALL |                     |             | NC             | 25         | P          | GW             |
| Local Address (where applicable) |                            | Service Connections | Residential | Commercial     | Industrial | Combined   | Agricultural   |
| 129 WEST MAIN STREET             |                            |                     |             | 1              |            |            |                |
| Towns Served: CHESTER            |                            |                     |             |                |            |            |                |

### Monitoring Requirements

Water System Facility: **DISTRIBUTION SYSTEM (WSF ID: 00600)**

| Total Coliform (3100)                           |                          | 1 routine (RT) per quarter |                          |
|---|--------------------------|----------------------------|--------------------------|
| <i>Sampling Point (Sampling Point ID)</i>       | <i>Monitoring Period</i> | <i>Collection Period</i>   | <i>Compliance Status</i> |
| Select from Inventory of Active Sampling Points | 10/1/18 - 12/31/18       |                            |                          |
|   | 1/1/19 - 3/31/19         |                            | Complete                 |
|   | 4/1/19 - 6/30/19         |                            | Complete                 |
|   | 7/1/19 - 9/30/19         |                            |                          |

| Physical Parameters (PPS)                       |                          | 1 routine (RT) per quarter |                          |
|---|--------------------------|----------------------------|--------------------------|
| <i>Sampling Point (Sampling Point ID)</i>       | <i>Monitoring Period</i> | <i>Collection Period</i>   | <i>Compliance Status</i> |
| Select from Inventory of Active Sampling Points | 10/1/18 - 12/31/18       |                            |                          |
|   | 1/1/19 - 3/31/19         |                            | Complete                 |
|   | 4/1/19 - 6/30/19         |                            | Complete                 |
|   | 7/1/19 - 9/30/19         |                            |                          |

Water System Facility: **ENTRY POINT (WSF ID: 00700)**

| Nitrate And Nitrite (NOX)                 |                          | 1 routine (RT) per year  |                          |
|---|--------------------------|--------------------------|--------------------------|
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> |
| ENTRY POINT (3)                           | 1/1/18 - 12/31/18        |                          | Complete                 |
|   | 1/1/19 - 12/31/19        |                          | Complete                 |
|   | 1/1/20 - 12/31/20        |                          |                          |

### Other Compliance Schedules

| <i>Compliance Schedule Activity</i> | <i>Due Date</i> | <i>Achieved Date</i> |
|-------------------------------------|-----------------|----------------------|
| CROSS CONNECTION SURVEY REPORT      | 3/1/2020        |                      |

### Public Notification Requirements

| <i>Violation/Situation</i>        | <i>Compliance Period</i> | <i>Notice Tier</i> | <i>Public Notification</i> |                  | <i>PN Certification</i> |                 |
|-----------------------------------|--------------------------|--------------------|----------------------------|------------------|-------------------------|-----------------|
|                                   |                          |                    | <i>Required</i>            | <i>Performed</i> | <i>Due to DPH</i>       | <i>Received</i> |
| Total Coliform M&R Violation      | 7/1/18 - 9/30/18         | 3                  | 11/13/2019                 |                  | 11/23/2019              |                 |
| Physical Parameters M&R Violation | 7/1/18 - 9/30/18         | 3                  | 11/20/2019                 |                  | 11/30/2019              |                 |
| Physical Parameters M&R Violation | 10/1/18 - 12/31/18       | 3                  | 2/28/2020                  |                  | 3/9/2020                |                 |
| Total Coliform M&R Violation      | 10/1/18 - 12/31/18       | 3                  | 2/28/2020                  |                  | 3/9/2020                |                 |

### Water System Facility and Sampling Point Inventory

| <i>Water System Facility ID</i> | <i>Water System Facility</i> | <i>Sampling Point ID</i> | <i>Sampling Point Description</i> | <i>Status</i> | <i>Total Coliform Rule</i> | <i>Lead and Copper Rule Tier</i> | <i>Asbestos</i> | <i>Stage WQP 2 DBPR</i> |
|---------------------------------|------------------------------|--------------------------|-----------------------------------|---------------|----------------------------|----------------------------------|-----------------|-------------------------|
| 00600                           | DISTRIBUTION SYSTEM          | 4                        | DISTRIBUTION SYSTEM               | A             | Y                          |                                  |                 |                         |
|                                 |                              | DOWNSTREAM               | WITHIN 5 SERVICE CON              | A             |                            |                                  |                 |                         |
|                                 |                              | UPSTREAM                 | WITHIN 5 SERVICE CON              | A             |                            |                                  |                 |                         |
| 00700                           | ENTRY POINT                  | 3                        | ENTRY POINT                       | A             |                            |                                  |                 |                         |
| 20519                           | WELL 1                       | 2                        | WELL                              | A             |                            |                                  |                 |                         |
| 56825                           | WELL 2                       | 2                        | WELL 2                            | A             |                            |                                  |                 |                         |
| 59493                           | 1,000 GALLON ATMOS TANK      |                          |                                   |               |                            |                                  |                 |                         |

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# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

| PWS ID                           | PWS Name                   |                     |             | Classification | Population | Owner Type | Primary Source |
|----------------------------------|----------------------------|---------------------|-------------|----------------|------------|------------|----------------|
| CT0260114                        | BRUSHMILL BY THE WATERFALL |                     |             | NC             | 25         | P          | GW             |
| Local Address (where applicable) |                            | Service Connections | Residential | Commercial     | Industrial | Combined   | Agricultural   |
| 129 WEST MAIN STREET             |                            |                     |             | 1              |            |            |                |

Towns Served: CHESTER

### Contact Information

| Name                     |           |     |                          | Organization         |                    | Job Title |  |       |            |
|--------------------------|-----------|-----|--------------------------|----------------------|--------------------|-----------|--|-------|------------|
| Mr. Peter Giannopoulos   |           |     |                          | Ap&S Properties, LLC |                    | Owner     |  |       |            |
| Mailing Address Line One |           |     | Mailing Address Line Two |                      |                    | City      |  | State | Zip Code   |
| 95 Den Hollow Road       |           |     |                          |                      |                    | Guilford  |  | CT    | 06437-2276 |
| Business Phone           | Extension | Fax | Mobile Phone             | Emergency Phone      | Email Address      |           |  |       |            |
| 860-526-9898             |           |     |                          |                      | pg536464@yahoo.com |           |  |       |            |

Contact Role(s): **Administrative Contact, Owner**

| Name                       |  |           |                          | Organization         |              |                 | Job Title     |       |            |
|----------------------------|--|-----------|--------------------------|----------------------|--------------|-----------------|---------------|-------|------------|
| Mr. Angelo S. Giannopoulos |  |           |                          | Ap&S Properties, LLC |              |                 | Owner         |       |            |
| Mailing Address Line One   |  |           | Mailing Address Line Two |                      |              | City            |               | State | Zip Code   |
| 95 Den Hollow Road         |  |           |                          |                      |              | Guilford        |               | CT    | 06437-2276 |
| Business Phone             |  | Extension | Fax                      |                      | Mobile Phone | Emergency Phone | Email Address |       |            |
| 860-526-9898               |  |           |                          |                      | 203-623-1624 |                 |               |       |            |

Contact Role(s): **Legal Contact, Owner**

| Name                     |  |           |                          | Organization         |              |                 | Job Title     |       |            |
|--------------------------|--|-----------|--------------------------|----------------------|--------------|-----------------|---------------|-------|------------|
| Mr. Spyros Giannopoulos  |  |           |                          | Ap&S Properties, LLC |              |                 | Owner         |       |            |
| Mailing Address Line One |  |           | Mailing Address Line Two |                      |              | City            |               | State | Zip Code   |
| 95 Den Hollow Road       |  |           |                          |                      |              | Guilford        |               | CT    | 06437-2276 |
| Business Phone           |  | Extension | Fax                      |                      | Mobile Phone | Emergency Phone | Email Address |       |            |
| 860-526-9898             |  |           |                          |                      |              |                 |               |       |            |

Contact Role(s): **Owner**

### Please note the following:

1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

***If you have any questions, please contact the Drinking Water Section at (860) 509-7333.***

***<http://www.ct.gov/dph/publicdrinkingwater>***

***End of schedule***

**NOTE:** This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.